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PTO/SB/01 (12-97)

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Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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<b>DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)</b>  <input type="checkbox"/> Declaration Submitted with Initial Filing      OR <input checked="" type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16(e)) required)	Attorney Docket Number	<b>PEL-2836 US</b>
	First Named Inventor	<b>Marsot</b>
	<i>COMPLETE IF KNOWN</i>	
	Application Number	<b>10/574,242</b>
	Filing Date	<b>03/29/2006</b>
	Group Art Unit	Not Yet Assigned
	Examiner Name	Not yet assigned

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**METHOD AND APPARATUS FOR AN IMPROVED SAMPLE CAPTURE DEVICE**

*(Title of the Invention)*

the specification of which  
☐ is attached hereto  
OR

☒ was filed on (MM/DD/YYYY) **03/29/2006** as United States Application Number or PCT International

Application Number **10/574,242** was amended on (MM/DD/YYYY) **NA** (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.


Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/028 attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(h) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/028 attached hereto.

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## DECLARATION — Utility or Design Patent Application

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U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
PCT/Us2004/032025	09/29/2004	

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As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: ☒ Customer Number 77845 

OR

☐ Registered practitioner(s) name/registration number listed below

Place Customer  
Number Bar  
Code Label here

Name	Registration Number	Name	Registration Number

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to: ☒ Customer Number  
or Bar Code Label

77845

OR ☐ Correspondence address below

Name	Paul Davis						
Address	Goodwin Procter LLP						
Address	135 Commonwealth Drive						
City	Meno Park			State	CA	ZIP	94025
Country	U.S.	Telephone	650-752-3100			Fax	650-853-1038


I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))				Family Name or Surname			
Travis				Marsot			
Inventor's Signature						Date	
Residence: City	Mountain View	State	CA	Country	US	Citizenship	US
Post Office Address	361B Tyrella Avenue						
Post Office Address							
City	Mountain View	State	CA	ZIP	94043	Country	US

☐ Additional inventors are being named on the \_\_\_ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto:

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<b>DECLARATION</b>	<b>ADDITIONAL INVENTOR(S)</b> Supplemental Sheet Page <u>1</u> of <u>2</u>
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Name of Additional Joint Inventor, if any:	<input type="checkbox"/> A petition has been filed for this unsigned inventor
--	---

Name (first and middle (if any)) Paul	Family Name or Surname LUM
--	-------------------------------

Inventor's Signature	Date
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Residence	Los Altos	State	CA	Country	US	Citizenship	US
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Post Office Address	690 Templar Way
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Post Office Address	City	Los Altos	State	CA	ZIP	94022	Country	US
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Name of Additional Joint Inventor, if any:	<input type="checkbox"/> A petition has been filed for this unsigned inventor
--	---

Name (first and middle (if any)) Don	Family Name or Surname ALDEN
---	---------------------------------

Inventor's Signature	Date
----------------------	------

City	Sunnyvale	State	CA	Country	US	Citizenship	US
------	-----------	-------	----	---------	----	-------------	----

Post Office Address	1312 Nelson Way
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Post Office Address	City	Sunnyvale	State	CA	ZIP	94087	Country	US
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Name of Additional Joint Inventor, if any:	<input type="checkbox"/> A petition has been filed for this unsigned inventor
--	---

Name (first and middle (if any)) James	Family Name or Surname ROSS
---	--------------------------------

Inventor's Signature	Date
----------------------	------

City	Livermore	State	CA	Country	US	Citizenship	US
------	-----------	-------	----	---------	----	-------------	----

Post Office Address	869 Lucerne Street
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Post Office Address	City	Livermore	State	CA	ZIP	94551	Country	US
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<b>DECLARATION</b>	<b>ADDITIONAL INVENTOR(S)</b> Supplemental Sheet Page <u>  2  </u> of <u>  2  </u>
--------------------	--

<b>Name of Additional Joint Inventor, if any:</b>				<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle (if any))				Family Name or Surname				
Ron L.				Bardell				
Inventor's Signature					Date			
Residence: City	Minneapolis	State	MN	Country	US	Citizenship	US	
Post Office Address		4150 Alabama Ave. S						
Post Office Address								
City	Minneapolis	State	MN	ZIP	55416	Country	US	
<b>Name of Additional Joint Inventor, if any:</b>				<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle (if any))				Family Name or Surname				
Bernhard				Weigl				
Inventor's Signature					Date			
City	Seattle	State	WA	Country	US	Citizenship	US	
Post Office Address		5530 Canfield Place N						
Post Office Address								
City	Seattle	State	WA	ZIP	98103	Country	US	
<b>Name of Additional Joint Inventor, if any:</b>				<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle (if any))				Family Name or Surname				
Inventor's Signature					Date			
City		State		Country		Citizenship		
Post Office Address								
Post Office Address								
City		State		ZIP		Country		

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	Group Art Unit	Not Yet Assigned
Examiner Name	Not yet assigned	

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
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/028 attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(h) of any United States provisional application(s) listed below.

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Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

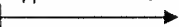
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U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
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As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: ☒ Customer Number 77845 

OR

☐ Registered practitioner(s) name/registration number listed below

Place Customer  
Number Bar  
Code Label here

Name	Registration Number	Name	Registration Number

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to: ☒ Customer Number or Bar Code Label 77845 OR ☐ Correspondence address below

Name	Paul Davis						
Address	Goodwin Procter LLP						
Address	135 Commonwealth Drive						
City	Meno Park	State	CA	ZIP	94025		
Country	U.S.	Telephone	650-752-3100		Fax	650-853-1038	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))				Family Name or Surname			
Travis				Marsot			
Inventor's Signature						Date	
Residence: City	Mountain View	State	CA	Country	US	Citizenship	US
Post Office Address	361B Tyrella Avenue						
Post Office Address							
City	Mountain View	State	CA	ZIP	94043	Country	US

☐ Additional inventors are being named on the \_\_\_ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto:

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PTO/SB/02A (3-97)

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<b>DECLARATION</b>	<b>ADDITIONAL INVENTOR(S)</b> Supplemental Sheet Page <u>1</u> of <u>2</u>
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<b>Name of Additional Joint Inventor, if any:</b>				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Paul				Lum			
Inventor's Signature						Date	
Residence: City	Los Altos	State	CA	Country	US	Citizenship	US
Post Office Address		690 Templebar Way					
Post Office Address							
City	Los Altos	State	CA	ZIP	94022	Country	US
<b>Name of Additional Joint Inventor, if any:</b>				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Don				Alden			
Inventor's Signature						Date	
City	Sunnyvale	State	CA	Country	US	Citizenship	US
Post Office Address		1312 Nelson Way					
Post Office Address							
City	Sunnyvale	State	CA	ZIP	94087	Country	US
<b>Name of Additional Joint Inventor, if any:</b>				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
James				Ross			
Inventor's Signature						Date	
City	Livermore	State	CA	Country	UU	Citizenship	US
Post Office Address		869 Lucerne Street					
Post Office Address							
City	Livermore	State	CA	ZIP	94551	Country	US

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<b>DECLARATION</b>	<b>ADDITIONAL INVENTOR(S)</b> Supplemental Sheet Page <u>2</u> of <u>2</u>
--------------------	--

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle (if any))		Family Name or Surname				
Ron L.		BARDELL				
Inventor's Signature					Date	
Residence: City	Seattle	State	WA	Country	US	Citizenship
Post Office Address	5530 Canfield Place N					
Post Office Address						
City	Seattle	State	WA	ZIP	98103	Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle (if any))		Family Name or Surname				
Bernhard Hans		WEIGL				
Inventor's Signature					Date	5-11-06
City	Seattle	State	WA	Country	US	Citizenship
Post Office Address	5530 Canfield Place N					
Post Office Address						
City	Seattle	State	WA	ZIP	98103	Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor				
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Inventor's Signature					Date	
City		State		Country		Citizenship
Post Office Address						
Post Office Address						
City		State		ZIP		Country

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Examiner Name	Not yet assigned	

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
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
			<input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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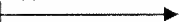
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Direct all correspondence to: ☒ Customer Number or Bar Code Label 77845 OR ☐ Correspondence address below

Name	Paul Davis						
Address	Goodwin/Procter LLP						
Address	135 Commonwealth Drive						
City	Meno Park			State	CA	ZIP	94025
Country	U.S.	Telephone	650-752-3100			Fax	650-853-1038

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))				Family Name or Surname			
Travis				Marsot			
Inventor's Signature						Date	
Residence: City	Mountain View	State	CA	Country	US	Citizenship	US
Post Office Address	361B Tyrella Avenue						
Post Office Address							
City	Mountain View	State	CA	ZIP	94043	Country	US

☐ Additional inventors are being named on the \_\_\_ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto:

Please Type a plus sign (+) inside this box → +

PTO/SB/02A (3-97)

Approved for use through 9/30/98, OMB 0651-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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<b>DECLARATION</b>	<b>ADDITIONAL INVENTOR(S)</b> Supplemental Sheet Page <u>1</u> of <u>2</u>
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<b>Name of Additional Joint Inventor, if any:</b>				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Paul				Lum			
Inventor's Signature						Date	
Residence: City	Los Altos	State	CA	Country	US	Citizenship	US
Post Office Address		690 Templebar Way					
Post Office Address							
City	Los Altos	State	CA	ZIP	94022	Country	US
<b>Name of Additional Joint Inventor, if any:</b>				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Don				Alden			
Inventor's Signature						Date	
City	Sunnyvale	State	CA	Country	US	Citizenship	US
Post Office Address		1312 Nelson Way					
Post Office Address							
City	Sunnyvale	State	CA	ZIP	94087	Country	US
<b>Name of Additional Joint Inventor, if any:</b>				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
James				Ross			
Inventor's Signature						Date	
City	Livermore	State	CA	Country	UU	Citizenship	US
Post Office Address		869 Lucerne Street					
Post Office Address							
City	Livermore	State	CA	ZIP	94551	Country	US

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PTO/SB/02A (3-97)


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<b>DECLARATION</b>	<b>ADDITIONAL INVENTOR(S)</b> Supplemental Sheet Page <u>2</u> of <u>2</u>
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Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))				Family Name or Surname					
Ron L.				BARDELL					
Inventor's Signature		<i>Ron L. Bardell</i>			Date		5/10/2006		
Residence: City		Minneapolis		State		MN		Country	
		US		Citizenship		US			
Post Office Address				4150 Alabama Ave. S					
Post Office Address									
City		Minneapolis		State		MN		ZIP	
		55416		Country		US			
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))				Family Name or Surname					
Bernhard				WEIGLE					
Inventor's Signature					Date				
City		Seattle		State		WA		Country	
		US		Citizenship		US			
Post Office Address				5630 Canfield Place N					
Post Office Address									
City		Seattle		State		WA		ZIP	
		98103		Country		US			
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))				Family Name or Surname					
Inventor's Signature					Date				
City				State				Country	
								Citizenship	
Post Office Address									
Post Office Address									
City				State				ZIP	
								Country	

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PTO/SB/01 (12-97)

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Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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<b>DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)</b>  <input type="checkbox"/> Declaration Submitted with Initial Filing      OR <input checked="" type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16(e)) required)	Attorney Docket Number	38187-2836
	First Named Inventor	MARSOT
	COMPLETE IF KNOWN	
	Application Number	10/574,242
	Filing Date	March 29, 2006
	Group Art Unit	Not assigned
Examiner Name	Not assigned	

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**METHOD AND APPARATUS FOR AN IMPROVED SAMPLE CAPTURE DEVICE**

(Title of the invention)

the specification of which  
☐ is attached hereto  
OR

☒ was filed on (MM/DD/YYYY)

03/29/2006

as United States Application Number or PCT International

Application Number 10/574,242 and was amended on (MM/DD/YYYY) N/A (if applicable)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/028 attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(h) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/028 attached hereto.

(Page 1)

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Please Type a plus sign (+) inside this box



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Patent and Trademark Office: U.S. DEPARTMENT OF  
COMMERCE

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<b>DECLARATION — Utility or Design Patent Application</b>							
<p>I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of the application is not designated in the prior United States or PCT international application in the manner provided by the first paragraph of 31 U.S.C. 112. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.</p>							
<b>U.S. Parent Application or PCT Parent Number</b>				<b>Parent Filing Date (MM/DD/YYYY)</b>		<b>Parent Patent Number (if applicable)</b>	
PCT/US2004/032025				09/29/2004			
<input type="checkbox"/> Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/028 attached hereto.							
<p>As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: <input checked="" type="checkbox"/> Customer Number <span style="border: 1px solid black; padding: 0 20px;">77845</span> <span style="font-size: small;">Place Customer Number Bar Code Label here</span></p> <p style="text-align: center;">OR</p> <p><input type="checkbox"/> Registered practitioner(s) name/registration number listed below</p>							
<b>Name</b>		<b>Registration Number</b>		<b>Name</b>		<b>Registration Number</b>	
<input type="checkbox"/> Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.							
<p>Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number or Bar Code Label <span style="border: 1px solid black; padding: 0 20px;">77845</span> OR <input type="checkbox"/> Correspondence address below</p>							
Name		Paul Davis					
Address		Goodwin Procter LLP					
Address		135 Commonwealth Drive					
City		Menlo Park		State		CA	
Country		U.S.		Telephone		650-752-3100	
				Fax		650-853-1038	
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</p>							
Name of Sole or First Inventor:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Travis				MARSOT			
Inventor's Signature <span style="font-family: cursive; font-size: 1.2em;">Travis Marsot</span>						Date <span style="font-family: cursive; font-size: 1.2em;">3 MAY 06</span>	
Residence: City		Mountain View		State		CA	
				Country		US	
Post Office Address		361B Tyrella Avenue					
Post Office Address							
City		Mountain View		State		CA	
				ZIP		94043	
				Country		US	
<p>X Additional inventors are being named on the <u>2</u> supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto:</p>							

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P10/SB/02A (3-97)

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<b>DECLARATION</b>	<b>ADDITIONAL INVENTOR(S)</b> Supplemental Sheet Page <u>1</u> of <u>2</u>
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))		Family Name or Surname					
Paul		LUM					
Inventor's Signature				Date	2006 May 23		
Residence: City	Los Altos	State	CA	Country	US	Citizenship	US
Post Office Address		690 Templebar Way					
Post Office Address							
City	Los Altos	State	CA	ZIP	94022	Country	US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))		Family Name or Surname					
Don		ALDEN					
Inventor's Signature				Date	3 MAY 06		
City	Sunnyvale	State	CA	Country	US	Citizenship	US
Post Office Address		1312 Nelson Way					
Post Office Address							
City	Sunnyvale	State	CA	ZIP	94087	Country	US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))		Family Name or Surname					
James		ROSS					
Inventor's Signature				Date			
City	Livermore	State	CA	Country	US	Citizenship	US
Post Office Address		869 Lucerne Street					
Post Office Address							
City	Livermore	State	CA	ZIP	94551	Country	US

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<b>DECLARATION</b>	<b>ADDITIONAL INVENTOR(S)</b> Supplemental Sheet Page <u>  2  </u> of <u>  2  </u>
--------------------	--

<b>Name of Additional Joint Inventor, if any:</b>				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Ron L.				Bardell			
Inventor's Signature						Date	
Residence: City	Minneapolis	State	MN	Country	US	Citizenship	US
Post Office Address		4150 Alabama Ave. S					
Post Office Address							
City	Minneapolis	State	MN	ZIP	55416	Country	US
<b>Name of Additional Joint Inventor, if any:</b>				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Bernhard				Weigl			
Inventor's Signature						Date	
City	Seattle	State	WA	Country	US	Citizenship	US
Post Office Address		5530 Canfield Place N					
Post Office Address							
City	Seattle	State	WA	ZIP	98103	Country	US
<b>Name of Additional Joint Inventor, if any:</b>				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Inventor's Signature						Date	
City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS